

Public Voucher for Purchases and
Services Other Than Personal

D. O. Vou. No. _____
Bu. Vou. No. 2187

U. S. COST REIMBURSABLE
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To _____
(Payee)

PAID BY
<i>Encl #4</i>
<i>DPS-3551</i>
<i>COPY 1 OF 2</i>

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				16,821	56

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total 16,821.56

I certify that the above bill is correct and just and that payment has not been received.

(Sign original only)

Date 8/19/58 STATOTHR
*Payee

(Signature not required when a like certificate is made by payee on attached bill or bills)

(Payee must NOT use this space)

Differences _____
Amount verified; correct for 16,821.56
(Signature or initials) EL

Contract No. A-101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____ (Authorized Certifying Officer)

By _____ SIGN ORIGINAL ONLY Title _____

Title _____ Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____ on _____, 19____ Payee _____ (Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name must be followed by the name of the person for whom the voucher is prepared, as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.
Approved for Release 2002/06/10 : CIA-RDP64-00360R000600020007-7
Title _____
10-22000-6

STATOTHR

Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020007-7

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8/10/58

FORM STL - 660

[illegible]

8/10/58

FORM STL - 660

[illegible]

Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020007-7

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FORM STL - 660

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8/10/58

Continued to Sheet 6

8/10/58

[illegible]

ll 17

THE RAMO-WOOLDRIDGE CORPORATION

ACCOUNTS PAYABLE

WEEKLY DET DISTR DATE

8/10/58

FORM STL - 660

BATCH				INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR. CODE	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT
No.	Mo.	Day	Yr.				Mo.	Day							Maj.	Int.	Sub.	Account	M.J.O.	S.D.	Work Order	
03	08	05	8	7863	46362		08	08	106				1	5	25	28	00	12501	5044	30		750
03	08	05	8	7865	46362		08	08	106				1	5	25	28	00	12501	5044	30		4875
06	08	06	8	69300	46365		08	08	264				1	5	25	28	00	12501	5044	30		7716
06	08	06	8	E-13384	46394		08	08	290				1	5	25	28	00	12501	5044	30		54210
10	08	08	8	70816	46415		08	11	264				1	5	25	28	00	12501	5044	30		60000
																						127551 *
																						127551 **
																						267014 ***
																						55.00
																						5.10
																						2,730.24

Sheet 1
2
Total